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**"FEE ADDRESS" INDICATION FORM**

**Address to:**  
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**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**Fax to:**  
**571-273-6500**

- OR -

**INSTRUCTIONS:** The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. **When to check the first box below:** If you have a Customer Number to represent the fee address. **When to check the second box below:** If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

☒ Customer Number:

27128

OR

☐ The attached Request for Customer Number (PTO/SB/125) form.

PATENT NUMBER (if known)	APPLICATION NUMBER
7,547,909	10/597,607

Completed by (check one):

☐ Applicant/Inventor

☒ Attorney or Agent of record L0316  
 (Reg. No.)

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed.  
 (Form PTO/SB/96)

☐ Assignee recorded at Reel \_\_\_\_\_ Frame \_\_\_\_\_

  
 Signature

**Changhoon Lee**

Typed or printed name

**314-480-1500**

Requester's telephone number

April 2, 2010  
 Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \* Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.363. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Mail Stop M Correspondence, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/597,607
Filing Date	August 3, 2006
First Named Inventor	Joong Seo PARK
Title	III-NITRIDE COMPOUND SEMICONDUCTOR LIGHT EMITTING DEVICE
Art Unit	
Examiner Name	
Attorney Docket Number	718936.15

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

**27128**

**OR**

☐ I hereby appoint Practitioner(s) named below as my/our attorneys or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

**OR**

☐ The address associated with Customer Number:

**27128**

**OR**

<input type="checkbox"/> Firm or Individual Name	Husch Blackwell Sanders LLP		
Address	190 Carondelet Plaza, Suite 600		
City	St. Louis	State	MO Zip 63105
Country	US		
Telephone	Email		

I am the:

☐ Applicant/Inventor.

**OR**

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

*Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on*

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Chang Tae Kim</i>	Date	2010.04.02
Name	Chang-Tae Kim	Telephone	+82-54-467-2102
Title and Company	VP & CTO, Epivalley Co., Ltd. (formerly Sungil Telecom Co., Ltd.)		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.